

## **Application Data Sheet**

### **Application Information**

Application number::  
Filing Date:: 08/22/03  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R??::  
Number of CD disks::  
Number of copies of CDs::  
Sequence Submission::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: INTERCHIP TRANSPORT BUS COPY PROTECTION  
Attorney Docket Number:: 018926-010110US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure:: 1A  
Total Drawing Sheets:: 6  
Small Entity?:: No  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::  
Secrecy Order in Parent Appl.:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Paul  
Middle Name::  
Family Name:: Moroney  
City of Residence:: Olivenhain  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 3411 Western Springs Road  
City of Mailing Address:: Olivenhain  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 92024

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Eric  
Middle Name:: J.  
Family Name:: Sprunk  
City of Residence:: Carlsbad  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 7309 Bolero Street  
City of Mailing Address:: Carlsbad  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 92009

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Designation::	Representative Number::	Representative Name::
Primary	39,315	Horace H. Ng
Associate	43,616	Thomas D. Franklin

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/405,537	08/23/02

### **Foreign Priority Information**

Country::	Application number::	Filing Date::
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### **Assignee Information**

Assignee Name::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::